

CLAIMANT'S NAME

[illegible]

SUBTOTALS

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$15.00

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Travel to and from meetings for the month of February

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 relating to vehicle safety and seat belt usage.

DATE _____

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

NATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____